

Indigenous by definition, experience, or world view

Links between people, their land, and culture need to be acknowledged

“Indigenous” has a number of usages that differ from “to be born in a specific place,” which is how the *Concise Oxford Dictionary* defines it.¹ These usages tend to define indigenous by the experiences shared by a group of people who have inhabited a country for thousands of years, which often contrast with those of other groups of people who reside in the same country for a few hundred years. A number of alternative terms are preferred to indigenous. For example, in Australia, Aboriginal and Torres Strait Islander is appropriate and acceptable. In Canada and the United States, the term First Nations is used to describe the Indian, Métis, and Inuit populations, whereas in Hawaii, native Hawaiian finds favour. Many groups prefer their own language. The Maori of New Zealand use “Tangata Whenua” or “people of the land” in preference to Maori used by the colonising Victorian English who, unaware of its meaning (ordinary or common), ironically deemed the indigenous population to be the ordinary inhabitants, rendering themselves extraordinary in the process.²

Te Ahukaramu Charles Royal, a recent Maori recipient of the Churchill fellowship for overseas study, offers an attractive definition of indigenous based on what he calls world views—indigenous is used for those cultures whose world views place special significance on the idea of the unification of the humans with the natural world.³ Royal contrasts three major world views—a Western (Judeo-Christian) view which sees God as external and in heaven “above”; an Eastern view, which focuses internally and concentrates on

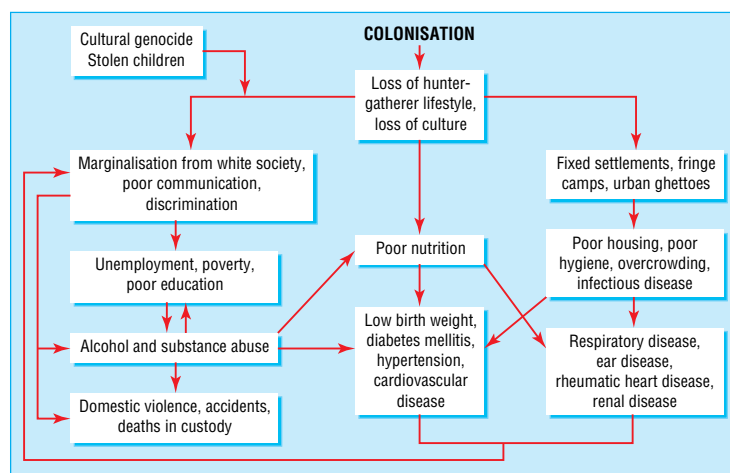
reaching within through meditation and other practices; and an indigenous view, which sees people as integral to the world, with humans having a seamless relationship with nature which includes seas, land, rivers, mountains, flora, and fauna.

If we accept that indigenous people have an integral association with nature, then it is easy to see the validity of an argument presented by many people, including Foliaki and Pearce (p 437). This states that the dislocation of most indigenous peoples from their lands through colonisation has contributed to the effects of newly introduced diseases on their health (figure). The direct linkages between the current health status of Australian Aboriginal and Torres Strait Islanders and the various practices that followed invasion and colonisation and the removal of people from land and culture are well established.⁴

Indigenous peoples around the Pacific rim, such as Australian Aboriginal and Torres Strait Islanders, Kanaka Maoli of Hawaii, Samoan, Tongan, Tuvaluan, and other Pacific First Nations peoples, and the Maori of New Zealand, have a disturbingly similar pattern of health and social status. These patterns contrast with those of the dominant populations in their countries. As Ring and Brown mention in this issue (p 404), it is the Australian Aboriginal and Torres Strait Islanders for whom the greatest differences exist. Yet even in countries where indigenous people fare better, such as in Canada, the United States, and New Zealand, differentials persist, with the New Zealand pakeha or European population continuing to make gains in life and health expectancy.⁶

Many indigenous populations now have a diverse profile,⁷ although the level of integration with other populations varies greatly. While the First Nations peoples of North America have been concentrated on reservations, Aboriginal and Torres Strait Islanders and Maori are considerably more integrated within the populations of their countries. Many Pacific nations are still dominated by their indigenous populations within their island states. Yet diversity, and distance (both geographic and genealogical), do not lessen the attachment of indigenous peoples to their lands and their world views. Neither is their distinctiveness lessened; many groups assert their difference, and a renaissance of language and culture is occurring—for example, in the education system in New Zealand from preschool (kohanga reo) through to university (wananga).⁸ Sadly, this is not the case in some areas of Australia, with frightening evidence emerging that the culture and

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Impact of white colonisation on Aboriginal health today. Modified from Mathews⁵

language of the Aboriginal and Torres Strait Islander people is disappearing or has disappeared.

In Australia, there is currently a debate about symbolic versus practical reconciliation—the latter approach suggesting that it is best not to acknowledge the history and its influence on current outcomes, and that to move forward to improve living conditions and other activities that enhance wellbeing is in effect ignoring the root causes.^{9 10} However, evidence shows that the most effective programmes are those which acknowledge the devastating impact of removing people from their land, removing children from their families and from their culture, and marginalising people so that they cannot access any of the advantages of the dominant culture, such as education and employment, which would have enabled them to participate and control their own lives.^{11–13} This is evidence of the importance of the social determinants of health and how they have had an impact on generations of these populations—seen repeatedly in all colonised indigenous groups. We believe that sustainable solutions to indigenous health problems must address and acknowledge this history and the links these people have with nature.

Increasingly, we witness approaches to health research and health service provision led by indigenous people and based on indigenous methodologies and world views. Some approaches incorporate many contemporary and Western developments; still others prefer a return to more authentic cultural delivery, using traditional medicines and practices such as spiritual and traditional healing approaches.

August 2004 will mark the end of the United Nations decade for indigenous people, and a recent report reflects the views of less well researched indigenous peoples from Laos, Cambodia, Guatemala, Burma, and Namibia.¹⁴ Unfortunately, it concludes: “Very little has been achieved on the ground, and [our] experience is that the threats to indigenous people are growing rather than diminishing.”

The indigenous experience is distinct yet diverse; many similarities are obvious yet significant differences can be identified. That this pattern is so similar across

all colonised indigenous groups is one reason for having a theme issue devoted to their health. This issue is an opportunity to share these similarities and differences and to learn from the ways used to improve outcomes. This sharing of experiences needs to be transferred among nations to move rhetoric into urgently needed action.

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The health status of indigenous peoples and others

The gap is narrowing in the United States, Canada, and New Zealand, but a lot more is needed

Indigenous populations differ in levels, patterns, and trends of health. What is common is the unacceptably large differences between the health of indigenous and non-indigenous populations in developed nations. Durie recently outlined the explanations for these disparities and proposed a broad spectrum of interventions to improve the health of indigenous people.¹ Within that spectrum, health professionals can have a major role in contributing to dramatic reductions in mortality and

morbidity through high quality primary healthcare services for prevention and early treatment.

The gap in life expectancy between indigenous and non-indigenous populations is estimated to be 19–21 years in Australia, 8 years in New Zealand, 5–7 years in Canada, and 4–5 years in the United States.^{2–5} These continuing disparities in health are a matter of major concern, but it is none the less important to recognise the substantial narrowing of the gap in health between indigenous and non-indigenous people in the United

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